PARENTAL AUTHORIZATION FOR MINORS
FOR THE DEAD ZONE #3
EPITECH- 24 RUE PASTEUR - LE KREMLIN BICETRE - FRANCE

I, the undersigned : Mr / Mrs .....

In my capacity of : ☐ Father – ☐ Mother – ☐ Legal guardian

Residing at : .....

Phone number : .....

Legal guardian of the minor named : .....

Date of birth: .....

☐ Children under 14 years old:

I, hereby authorize Mr / Mrs : .....

Phone number where he or she can be reached during the day : .....

To accompany my child to the DEAD ZONE #3 on the selected dates :

☐ Sat. 4 th ☐ Sun. 5 th

This person will be responsible for my child during the event.

☐ Minor from 14 to 16 years old:

I, hereby authorize my child to attend the DEAD ZONE #3 by himself on the selected dates :

☐ Sat. 4 th ☐ Sun. 5 th

By this authorization, I certify on my honor that I have full parental authority over the above minor and that he or she is well covered by my civil liability insurance. I declare that I release the association Cycom from all responsibilities in case of any incident of any nature whatsoever, and I authorize the medical care for any incident occurring during the event.

I hereby renounce to all claims, of any nature whatsoever, in the context of my child's participation in the event.

➔ **Please present at the entrance of the festival :**
- **This document duly completed and signed**
- **The identity card of the minor**
- **A copy of the front and back of the legal guardian's identity card**
- **The identity card of the accompanying adult for the minor under 16 years old.**

Place and date of signature : .....

Signature of the legal representative

(preceded by the handwritten mention « Read and approved »)